



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: RIVERVIEW HOSPITAL

City of Hospital: Noblesville

Year Begin: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (mm/dd/yyyy format)

Person Completing the Report: Megan Temples

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Medicare Provider Number: 15-0059

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$137699214
Outpatient Patient Service Revenue	\$224186687
Total Gross Patient Service Revenue	\$361885901

2. Deductions From Revenue

Contractual Allowance	\$197238979
Other Deductions	\$1635053
Total Deductions	\$198874032

3. Total Operating Revenue

Net Patient Service Revenue	\$150021521
Other Operating Revenue	\$9236661
Total Operating Revenue	\$159258182

4. Operating Expenses

Salaries and Wages	\$64334132	Employee Benefits	\$11981076
Depreciation and Amortization	\$10630835	Interest Expense	\$2068585
Bad Debt	\$12990347	Other Expenses	\$70630270
Total Operating Expenses	\$172635245		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-386716	Total Assets	\$270346664
Net Non-operating Gains over Loss	\$10089027	Total Liabilities	\$103416353
Total Net Gains	\$9702311		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$159229796	\$86785151	\$72444645
Medicaid	\$83233757	\$45364965	\$37868792
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$119422348	\$65088863	\$54333485
Total	\$361885901	\$197238979	\$164646922

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$424131	\$66680	\$357451

## Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

## Statement Five: Education Statement

Education of	Estimated	Estimated	Net Dollar Gain or
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	Incoming Revenue	Outgoing Expenses	Loss
Medical Professionals	\$0	\$110880	\$-110880
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	156
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

## Statement Six: Charity Statement

Hospital Charity Charges	\$7640786
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3449000	
HCI Payments	\$0		
Subtotal	\$0	\$3449000	\$-3449000
Medicaid Shortfalls	\$6301260	\$21688255	
Subtotal	\$6301260	\$25137255	\$-18835995
DSH Payments	\$3,589,550		
Subtotal	\$9890810	\$25137255	\$-15246445
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$9890810	\$25137255	\$-15246445

## Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$515706	\$564758	\$-49052
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$342183	\$-342183

Other Allocations	\$0	\$0	\$0
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Comments

